

## Independent Medical Review Final Determination Letter

2990

[REDACTED]

Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0023232	<b>Date of Injury:</b>	02/14/2006
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/11/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
URGENT NEXIUM 20MG; 9AM#90 URGENT ATIVAN 2MG Q 4HR #90			

DEAR [REDACTED] ,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has a filed a claim for depression, neuropathic pain, foot pain, neck pain, hand weakness, shoulder pain, and low back pain reportedly associated with industrial injury of February 14, 2006.

Thus far, the applicant has been treated with the following: Analgesic medications, adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; prior left shoulder surgery; and extensive periods of time off of work, on total temporary disability.

In a Utilization Review Report of August 27, 2013, the claims administrator denied request for Nexium and Ativan. The applicant's attorney later appealed, on September 9, 2013.

A later note of September 4, 2013 is notable for comments that the applicant carries diagnoses of multiple orthopedic trauma, diabetes mellitus, gastritis, hypothyroidism, and chronic shoulder pain status post shoulder surgery. The applicant remains off of work, on total temporary disability, is apparently in the process of pursuing bariatric surgery. An earlier note of July 17, 2013 is notable for comments that the applicant is again off of work, on total temporary disability. It is stated that Lyrica has helped the applicant's pain.

## IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

### **1. Nexium 20mg #90 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 24, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 69, which is part of the MTUS.

The Physician Reviewer's decision rationale:

While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that proton pump inhibitors such as Nexium can be employed in the treatment of NSAID-induced dyspepsia, in this case, however, there is no evidence or description of dyspepsia, either NSAID induced or standalone. None of the recent progress notes make any mention of any GI symptoms or describe the applicant's presence or absence of any GI side effects. Employing Nexium in this context is not indicated. Therefore, the original Utilization Review decision is upheld. The request remains non-certified, on Independent Medical Review.

### **2. Ativan 2mg #90 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 68-69, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 24, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, long-term usage of benzodiazepine is not recommended for any use, including the anxiolytic purpose for which it is being endorsed here. While the applicant does have longstanding issues with depression, anxiety, tearfulness, insomnia, etc., Ativan, a benzodiazepine anxiolytic is not indicated in the long-term treatment of the same, per page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original Utilization Review decision is upheld. The request remains non-certified, on Independent Medical Review.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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